

**BOARD OF REGISTERED NURSING**

P.O BOX 944210, SACRAMENTO, CA 94244-2100
 TDD (916) 322-1700
 TELEPHONE (916) 322-3350
 www.rn.ca.gov

**APPLICATION FOR TEMPORARY LICENSE**

1. READ ALL DETAILED INSTRUCTIONS.
2. SUBMIT WITH YOUR APPLICATION FOR LICENSURE BY ENDORSEMENT.
3. Submit the APPROPRIATE FEE. (See the attached Endorsement fee schedule)
Please submit a check or money order in US currency only.
DO NOT SEND CASH.
4. Your temporary license will NOT BE ISSUED until your Verification of License form is received from your State Board of Nursing indicating you have a current and active license.
5. RN licenses will not be mailed to an In-Care-Of-Address.
6. No advanced practitioner certification can be issued on a temporary RN license.

FOR OFFICE USE ONLY

TL OK to issue _____

Date _____

By _____

Print or Type:

1. NAME: Last First Middle			Previous Name(s)
2. ADDRESS OF RECORD: Number and Street City State Zip Code			
3. BIRTHDATE: Month Day Year		4. SOCIAL SECURITY NUMBER:	5. TELEPHONE NUMBER Home Work
6. NAME OF PROFESSIONAL REGISTERED NURSING SCHOOL:			7. YEARS ATTENDED: _____ to _____
8. LOCATION: City State (Country)			9. YEAR GRADUATED: Month Day Year

I certify, under the penalty of perjury under the laws of the State of California, that all information provided in connection with this application for licensure is true, correct, and complete. Providing false information or omitting required information is grounds for denial of licensure or license revocation in California.

SIGNATURE OF APPLICATION: _____

DATE: _____